



## Personal Information Consent Form

By signing below you are authorizing Superior Road Products to collect, use or disclose your personal information for the identified purposes listed below. If you are providing us with personal information about another individual, such as a family member, then you confirm that you have obtained authorization from them to consent to the above on their behalf. We collect, use and disclose your personal information for the following purposes:

- Supplying your drivers license information to our automobile insurance companies, (or a prospective insurance company) carrying our health plan.
- Supplying your personal and family information to the insurance companies (or a prospective insurance company) carrying our health plan
- Supplying WSIB with your personal information as an injured person, or as a witness that requires a WSIB claim.
- Obtaining hospital records, in the event of an injury on the job.
- Supplying corporate clients (such as Imperial Oil) with your personal information if you are injured on a client site, a witness to an incident that requires reporting (such as a medical aid incident), or involved in an accident on a client's site.
- Supplying wage information and verifying employment to your potential creditors or financial institutions when you are obtaining credit.
- Supplying pertinent information to third party insurance companies in the event of an accident.
- Providing information to various government agencies such as Human Resources Development Agency or Canada Customs & Revenue Agency.
- Information share amongst Superior Road Products personnel as required for the purpose of operations.

Personal information may ONLY be collected used or disclosed for any of these identified purposes set out above. If your personal information is required for any other purpose, we will not use or disclose it without additional consent.

Name of Employee: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_